

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

29/889130

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4				1		
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50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	3	↓	3	↓		↓
TOTAL CLAIMS	4	↓	4	↓		↓

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS